



# Texas Department of State Health Services

## ECA or EMT Course Completion Roster

Submit names of students who have completed the **initial ECA or EMT-Basic course**. Do not combine ECA and EMT students on the same list. Fax or mail completed form to central office in Austin. Fax: 512/834-6714 Mailing address: DSHS, Attn: EMS Certification & Licensing Unit, 1100 West 49<sup>th</sup> Street, Austin, TX 78756. Allow 2 days from receipt for entry on state data base. View at: [http://160.42.108.3/ems\\_web/blh\\_html\\_page1.htm](http://160.42.108.3/ems_web/blh_html_page1.htm)

Program Name:		Course Location (City):
Course Number:	N. R. Code No:	Circle one: <b>ECA</b> or <b>EMT-Basic</b>

### ALPHABETICAL LISTING OF CANDIDATES - Please type or print legibly

NAME: Last, First, M. I.	Social Security No	Date of Birth	Course Completion Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

In compliance with the rules adopted under state law by the Texas Department of State Health Services (DSHS), I certify that the students listed above have successfully completed all requirements of the EMS training program approved by the DSHS and are eligible for the certification examination. I further verify that the proficiency of each candidate has been examined and verified as competent in the application of all required skills.

I understand that by signing this document I am attesting that all of the information on this document is true and correct. I also understand that the DSHS will take action against my EMS certification(s) if the information submitted is found to have been falsified.

EMS Coordinator Signature: \_\_\_\_\_

Print Coordinator Last Name, First Name, M.I.: \_\_\_\_\_

Coordinator EMS ID No: \_\_\_\_\_

Program Telephone No: \_\_\_\_\_

Program Fax No: \_\_\_\_\_

_____ <b>Number of Students Listed Above</b>
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